DOCKET NO. 0179/61248-A

òn of: Gregory B. Wilson et al.

09/776, 100 Serial No.:

Examiner: Bao Qun Li

Group Art Unit: 1648

Filed: February 2, 2001

For: Human Herpesvirus 6A and 6B Transfer Factors Specific for the Treatment of Chronic

Fatigue Syndrome and Multiple Sclerosis

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

October 5, 2004

SIR:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been established by a verified statement previously submitted.

a verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

| | | | BI GHEST | | NUMBER OF | 1 | RATE | | PEE | | |
|------------------------------------|-----------------------------------|-------------------|----------------------------|---|------------------------------|-------|-----------------|-----------|----------|-------|------|
| , | NUMBER AFTER AMEND- MENT | | NUMBER PREVIOUSLY PAID FOR | | EXTRA CLAIMS PRESENTED | | SMALL ENTITY | OTHER | · | SMALL | OTHE |
| Total | 13 | - | * 20 | - | *** O | × | \$9.00 | \$18.00 | - | 0 | |
| Indepen- dent Claims | 4 | - | ** 3 · | - | 1 | × | \$ 44.00 | \$ 88.00 | - | . 44 | · . |
| Multiple Claims(s) For First | Presen | n t ted | Yes | - | X No | | \$ 150.00 | \$ 300.00 | | 0 | |
| | | | | | | TOTAL | ADDITI | ON | AL \$ 44 | | |

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "BIGHEST NUMBER PREVIOUSLY PAID FOR" is less than

3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0" write "0" in the space.

Applicant: Gregory B. Wilson et al. Serial No: 09/776, 110 © (0) Filled: February 2, 2001

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- X A check in the amount of $$_{259.00}$ is enclosed. (Including \$44.00 claim fees and \$215.00 for a two month extension of time)
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125 . Three copies of this sheet are enclosed.
 - Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
 - Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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10/5/04

John P. White

Date

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